

**Experiment Number:** 03038 - 04

**Test Type:** CHRONIC

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

**Lab:** BAT

Final Version 2

**NTP Study Number:** C03038

**Lock Date:** 05/25/2016

**Cage Range:** ALL

**Date Range:** ALL

**Reasons For Removal:** ALL

**Removal Date Range:** ALL

**Treatment Groups:** Include ALL

**Study Gender:** Both

**TDMSE Version:** 3.0.2.3\_002

**PWG Approval Date:** NONE





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Lab: BAT

		DAY ON TEST	males (cont...)																								
B6C3F1/N MICE MALE	0 mg/L		0 7 3 2	0 7 3 2	0 6 1 3	0 6 1 3	0 6 8 0	0 6 9 2	0 5 3 4	0 7 3 1	0 6 2 1	0 7 3 1	0 6 1 0	0 7 4 1	0 6 0 0	0 7 3 0	0 7 3 1	0 7 3 2	0 7 3 0	0 7 3 2	0 7 3 0	0 7 3 2	0 7 3 0	0 7 3 2	0 7 3 0		
		ANIMAL ID	0 2	1 2	2 3	3 4	4 5	5 6	6 7	7 8	8 9	9 0	0 1	1 2	2 3	3 4	4 5	5 6	6 7	7 8	8 9	9 0	0 1	1 2	2 3	3 4	
Bilateral, Subcapsular, Adenoma, Multiple																											X
Adrenal Medulla			+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Islets, Pancreatic Adenoma			+	+	+	A	+	+	+	+	+	+	+	+	+	+	+	+	+	+	A	+	+	+	+	+	
Parathyroid Gland			+	+	+	+	M	+	+	+	+	M	+	+	M	+	+	+	+	+	+	+	+	+	+	+	
Pituitary Gland			+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	M	+	+	+	
Schwannoma Malignant, Metastatic, Spinal Cord			+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	+	+	+	+	+	X	
Thyroid Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Epididymis  
Lymphoma MalignantPreputial Gland  
Lymphoma MalignantProstate  
Lymphoma Malignant

Seminal Vesicle

+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
																										X
+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	X	
+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
																										X

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically





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Lab: BAT

		DAY ON TEST	0 7 3 2	0 7 1 3	0 6 3 2	0 7 1 3	0 6 8 0	0 6 3 9	0 6 3 2	0 7 0 4	0 5 9 6	0 7 3 2	0 6 3 1	0 7 3 1	0 7 3 0	0 6 9 1	0 7 3 4	0 6 8 0	0 7 3 0	0 7 3 1	0 7 3 2	0 7 3 0				
		ANIMAL ID	0 0 0 0 1	0 0 0 0 2	0 0 0 0 3	0 0 0 0 4	0 0 0 0 5	0 0 0 0 6	0 0 0 0 7	0 0 0 0 8	0 0 0 0 9	0 0 0 0 0	0 0 0 0 1	0 0 0 0 1	0 0 0 0 1	0 0 0 0 1	0 0 0 0 1	0 0 0 0 1	0 0 0 0 2	0 0 0 0 2	0 0 0 0 2	0 0 0 0 2				
<b>B6C3F1/N MICE MALE</b>																										
<b>0 mg/L</b>																										
Hepatocellular Carcinoma, Metastatic, Liver																X										
Histiocytic Sarcoma																X										
Lymphoma Malignant																		X								
Nose			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Schwannoma Malignant, Metastatic, Spinal Cord																									X	
Trachea			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
<b>SPECIAL SENSES SYSTEM</b>																										
Ear																										
Eye			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Harderian Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Adenoma																										
Carcinoma																										
Lymphoma Malignant																										
<b>URINARY SYSTEM</b>																										
Kidney			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	
Hemangiosarcoma																									X	
Lymphoma Malignant																										
Ureter																									X	
Urethra																									X	

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

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**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## Urinary Bladder Lymphoma Malignant

## **SYSTEMIC LESIONS**

Multiple Organ  
Histiocytic Sarcoma  
Lymphoma Malignant  
Mast Cell Tumor Malignant

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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Experiment Number: 03038 - 01

**Test Type:** CHRONIC

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrat

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

# ALIMENTARY SYSTEM

Esophagus	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Lymphoma Malignant																					1
Gallbladder	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	48
Intestine Large, Cecum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Large, Colon	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Large, Rectum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Intestine Small, Duodenum	+	+	+	+	+	+	+	+	+	+	+	M	+	+	+	+	+	+	+	+	49
Intestine Small, Ileum	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Lymphoma Malignant																					1
Intestine Small, Jejunum	+	+	+	+	+	+	+	+	+	+	+	X	+	+	+	+	+	+	+	+	50
Lymphoma Malignant																					1
Liver	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50
Cholangiocarcinoma																					1
Hemangioma																					1
Hemangiosarcoma																					2
Hepatoblastoma							X	X													4
Hepatocellular Adenoma							X	X													11
Hepatocellular Adenoma, Multiple									X					X							15
Hepatocellular Carcinoma										X	X	X		X	X		X	X	X	X	15
Lymphoma Malignant										X	X	X		X	X		X	X	X	X	3

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Species/Strain: MICE/B6C3F1/N

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Sodium Tungstate Dihydrate

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Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

B6C3F1/N MICE MALE	DAY ON TEST																									* TOTALS	
		0 7 3 0	0 5 8 9	0 6 9 7	0 5 0 2	0 7 3 1	0 5 3 1	0 5 6 4	0 7 3 5	0 6 2 8	0 6 3 2	0 6 5 2	0 6 8 9	0 6 6 6	0 7 3 2	0 7 3 1	0 4 6 8	0 5 7 8	0 7 2 1	0 7 3 2	0 7 3 1	0 7 3 1	0 7 3 1				
0 mg/L	ANIMAL ID	0 0 0 0 2 6	0 0 0 0 2 7	0 0 0 0 2 8	0 0 0 0 3 9	0 0 0 0 3 0	0 0 0 0 3 1	0 0 0 0 3 2	0 0 0 0 3 3	0 0 0 0 3 4	0 0 0 0 3 5	0 0 0 0 3 6	0 0 0 0 3 7	0 0 0 0 3 8	0 0 0 0 3 9	0 0 0 0 4 0	0 0 0 0 4 1	0 0 0 0 4 2	0 0 0 0 4 3	0 0 0 0 4 4	0 0 0 0 4 5	0 0 0 0 4 6	0 0 0 0 4 7	0 0 0 0 4 8	0 0 0 0 4 9	0 0 0 0 5 0	
Mesentery		+																									8
Hemangiosarcoma																											1
Lymphoma Malignant																											2
Pancreas		+																									50
Lymphoma Malignant																											1
Salivary Glands		+																									50
Lymphoma Malignant																											2
Stomach, Forestomach		+																									50
Lymphoma Malignant																											1
Mast Cell Tumor Malignant																											1
Stomach, Glandular		+																									50
Lymphoma Malignant																											1
Tooth		+																									42
Odontoma																											1
<b>CARDIOVASCULAR SYSTEM</b>																											
Blood Vessel		+																									49
Heart		+																									50
Lymphoma Malignant																											1
<b>ENDOCRINE SYSTEM</b>																											
Adrenal Cortex		+																									50
Lymphoma Malignant																											2

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

\* .. Total animals with tissue examined microscopically: Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

.. Autolysis precludes evaluation

X., Lesion present

BLANK .. Not examined microscopically

#### I. Insufficient tissue

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

ANSWER KEY

Date Report Requested: 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

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**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

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**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## **INTEGUMENTARY SYSTEM**

## MUSCULOSKELETAL SYSTEM

## **NERVOUS SYSTEM**

## RESPIRATORY SYSTEM

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

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Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

		DAY ON TEST	0 7 3 0	0 5 8 9	0 6 9 7	0 5 0 2	0 7 3 1	0 5 6 4	0 5 0 5	0 7 3 1	0 7 3 2	0 6 2 8	0 7 3 2	0 6 3 5	0 6 8 9	0 6 6 6	0 7 3 2	0 7 3 1	0 4 6 8	0 5 7 8	0 7 3 2	0 7 3 1			
		ANIMAL ID	0 7 2 6	0 0 0 2	0 0 0 7	0 0 0 8	0 0 0 9	0 0 0 0	* TOTALS																
<b>B6C3F1/N MICE MALE</b>																									
<b>0 mg/L</b>																									
Hepatocellular Carcinoma, Metastatic, Liver															X		X		X	X	X	X	X		
Histiocytic Sarcoma																									
Lymphoma Malignant																									
Nose			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50		
Schwannoma Malignant, Metastatic, Spinal Cord																								1	
Trachea			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
<b>SPECIAL SENSES SYSTEM</b>																									
Ear																								+	1
Eye			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Harderian Gland			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Adenoma																								2	
Carcinoma																								1	
Lymphoma Malignant																								2	
<b>URINARY SYSTEM</b>																									
Kidney			+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	+	50	
Hemangiosarcoma																								1	
Lymphoma Malignant																								3	
Ureter								+																1	
Urethra																								1	

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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CAS Number: 10213-10-2

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**Species/Strain:** MICE/B6C3F1/N

## Lab: BAT

**\* TOTALS**

## Urinary Bladder Lymphoma Malignant

## **SYSTEMIC LESIONS**

Multiple Organ  
Histiocytic Sarcoma  
Lymphoma Malignant  
Mast Cell Tumor Malignant

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**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

DAY ON TEST																					males (cont...)	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
7	7	7	7	7	4	7	4	4	7	7	7	7	5	7	7	7	5	6	7	7	6	
3	0	3	3	3	5	3	4	8	3	3	3	3	9	3	3	3	5	3	9	3	1	
1	9	1	0	2	3	2	0	1	2	2	1	0	6	2	2	2	6	0	4	0	3	
ANIMAL ID	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	7	7	7	7	7	
	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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X .. Lesion present

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First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

		DAY ON TEST																					
		ANIMAL ID																					
B6C3F1/N MICE MALE		500 mg/L																				males (cont...)	
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	7	7	7	7	7	4	7	4	4	7	7	7	7	7	5	7	7	7	5	6	7	6	7
3	0	3	3	3	3	5	3	4	8	3	3	3	3	3	9	3	3	3	3	5	3	9	3
1	9	1	0	2	3	2	0	1	2	2	1	0	1	6	2	2	2	6	0	0	4	2	3
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	5	5	5	5	5	5	5	5	5	6	6	6	6	6	6	6	6	6	6	7	7	7	7
1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4

Hepatocellular Carcinoma, Metastatic, Liver

**NERVOUS SYSTEM**

Brain

+ +

**RESPIRATORY SYSTEM**

Lung

+ X + + +

Alveolar/Bronchiolar Adenoma

X

Alveolar/Bronchiolar Carcinoma

X

Alveolar/Bronchiolar Carcinoma, Multiple  
Carcinoma, Metastatic, Harderian Gland

X

Hemangiosarcoma

X

Hepatocellular Carcinoma, Metastatic, Liver

X X X

X

Hepatocholangiocarcinoma, Metastatic, Liver

Serosa, Hepatocholangiocarcinoma,  
Metastatic, Liver

Nose

+ +

Trachea

+ +

**SPECIAL SENSES SYSTEM**

Eye

+ +

Harderian Gland  
Adenoma  
Carcinoma

+ +

X X

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**Species/Strain:** MICE/B6C3F1/N

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## Sodium Tungstate Dihydrate

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**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

| B6C3F1/N MICE MALE |  | DAY ON TEST | males<br>(cont...) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------------|--|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                    |  |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |   |
| 500 mg/L           |  | ANIMAL ID   | 7                  | 7 | 7 | 7 | 7 | 4 | 7 | 4 | 4 | 7 | 7 | 7 | 7 | 5 | 7 | 7 | 7 | 5 | 6 | 7 | 6 | 7 | 9 | 3 | 2 |
|                    |  |             | 3                  | 0 | 3 | 3 | 3 | 5 | 3 | 4 | 8 | 3 | 3 | 3 | 3 | 9 | 3 | 3 | 3 | 5 | 5 | 6 | 5 | 3 | 2 | 0 |   |
|                    |  |             | 1                  | 9 | 1 | 0 | 2 | 3 | 2 | 0 | 1 | 2 | 2 | 1 | 0 | 1 | 6 | 2 | 2 | 6 | 0 | 7 | 4 | 0 | 2 | 3 |   |
|                    |  |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                    |  |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                    |  |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |   |
|                    |  |             | 5                  | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |   |
|                    |  |             | 1                  | 2 | 3 | 4 | 5 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 |   |

## **URINARY SYSTEM**

Kidney

## Urinary Bladder

## **SYSTEMIC LESIONS**

## Multiple Organ

## Amyloid

## Histiocytic Sarcoma

## Lymphoma Malignant

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|          |           | DAY ON TEST | B6C3F1/N MICE MALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |  |
|----------|-----------|-------------|--------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|--|
| 500 mg/L | ANIMAL ID |             | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |  |
|          |           | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |  |
|          |           | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |  |
|          |           | 0           | 0                  | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |  |
|          |           | 7           | 7                  | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 9        | 9 |  |
|          |           | 6           | 7                  | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7        | 8 |  |

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Cholangiocarcinoma                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 12 |
| Hepatocellular Adenoma, Multiple   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 13 |
| Hepatocellular Carcinoma           | X | X | X | X |   |   |   | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | 14 |
| Hepatocellular Carcinoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 6  |
| Hepatocholangiocarcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Mesentery                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE MALE                                 | 500 mg/L                   | DAY ON TEST                |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   | * TOTALS |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|----------|
|  |                            |                            | 0<br>5<br>4<br>7           | 0<br>6<br>9<br>0           | 0<br>6<br>2<br>9           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           | 0<br>6<br>3<br>0           | 0<br>7<br>2<br>2           | 0<br>7<br>3<br>1           | 0<br>4<br>9<br>6           | 0<br>7<br>3<br>0           | 0<br>7<br>1<br>1           | 0<br>7<br>3<br>1           | 0<br>5<br>7<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           |   |          |
| ANIMAL ID  | 0<br>0<br>0<br>0<br>7<br>6 | 0<br>0<br>0<br>0<br>7<br>7 | 0<br>0<br>0<br>0<br>8<br>8 | 0<br>0<br>0<br>0<br>9<br>9 |   |          |
| Oral Mucosa  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   | 1        |
| Pancreas   |                            |                            | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | 50       |
| Salivary Glands                                    |                            |                            | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | 50       |
| Stomach, Forestomach                               |                            |                            | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | 50       |
| Stomach, Glandular                                 |                            |                            | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | 50       |
| Tooth Odontoma                                     |                            |                            | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | 33       |
|  |                            |                            | X                          | X                          |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   | 2        |
| <b>CARDIOVASCULAR SYSTEM</b>                       |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |          |
| Blood Vessel                                       |                            |                            | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | 50       |
| Hepatocellular Carcinoma, Metastatic, Liver        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   | 1        |
| Aorta, Hepatocholangiocarcinoma, Metastatic, Liver |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   | 1        |
| Heart  |                            |                            | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | 50       |
| Hemangioma   |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   | 1        |
| Hepatocholangiocarcinoma, Metastatic, Liver        |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   | 1        |
| Atrium, Hemangiosarcoma                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   | 1        |
| <b>ENDOCRINE SYSTEM</b>                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |          |
| Adrenal Cortex                                     |                            |                            | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | 50       |
| Subcapsular, Adenoma                               |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   | 2        |
| X  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |          |
| Adrenal Medulla                                    |                            |                            | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | + | 50       |
|  |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |   |          |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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Experiment Number: 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Date Report Requested: 06/26/2019

Test Type: CHRONIC

Sodium Tungstate Dihydrate

Time Report Requested: 10:11:56

Route: DOSED WATER

CAS Number: 10213-10-2

First Dose M/F: 01/17/12 / 01/16/12

Species/Strain: MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE MALE          | DAY ON TEST |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | * TOTALS |    |   |  |
|-----------------------------|-------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------|----|---|--|
|                             |             | 0<br>5<br>4<br>7           | 0<br>6<br>9<br>0           | 0<br>6<br>2<br>9           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>2           | 0<br>7<br>3<br>1           | 0<br>6<br>3<br>0           | 0<br>7<br>2<br>2           | 0<br>7<br>3<br>1           | 0<br>4<br>9<br>6           | 0<br>7<br>3<br>0           | 0<br>7<br>1<br>1           | 0<br>5<br>7<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           | 0<br>7<br>3<br>1           |          |    |   |  |
| 500 mg/L                    | ANIMAL ID   | 0<br>0<br>0<br>0<br>7<br>6 | 0<br>0<br>0<br>0<br>7<br>7 | 0<br>0<br>0<br>0<br>8<br>8 | 0<br>0<br>0<br>0<br>9<br>9 | * TOTALS |    |   |  |
| Pheochromocytoma Benign     |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          | 2  |   |  |
| Islets, Pancreatic          |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | 50 |   |  |
| Parathyroid Gland           |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | M                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | 43 |   |  |
| Pituitary Gland             |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | 50 |   |  |
| Thyroid Gland               |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | 49 |   |  |
| <b>GENERAL BODY SYSTEM</b>  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |    |   |  |
| NONE                        |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |    |   |  |
| <b>GENITAL SYSTEM</b>       |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |    |   |  |
| Epididymis                  |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | 49 |   |  |
| Hemangioma                  |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X                          |                            |                            |                            |                            |                            |          |    | 1 |  |
| Preputial Gland             |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | 50 |   |  |
| Prostate                    |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | 50 |   |  |
| Seminal Vesicle             |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | 50 |   |  |
| Testis                      |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | 50 |   |  |
| <b>HEMATOPOIETIC SYSTEM</b> |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |          |    |   |  |
| Bone Marrow                 |             | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +                          | +        | 50 |   |  |
| Hemangiosarcoma             |             |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            |                            | X                          |                            |                            |                            |                            |                            |                            |          | 2  |   |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|  |          | DAY ON TEST | 0<br>5<br>4<br>7      | 0<br>6<br>9<br>0      | 0<br>6<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>6<br>3<br>0      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>3      | 0<br>4<br>9<br>6      | 0<br>7<br>3<br>1      | 0<br>7<br>1<br>1      | 0<br>7<br>3<br>1      | 0<br>5<br>7<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>0<br>9      | 0<br>6<br>8<br>0      |                       |                       |                       |          |
|--|----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|  |          | ANIMAL ID   | 0<br>0<br>0<br>7<br>6 | 0<br>0<br>0<br>7<br>7 | 0<br>0<br>0<br>8<br>8 | 0<br>0<br>0<br>8<br>9 | 0<br>0<br>0<br>8<br>2 | 0<br>0<br>0<br>8<br>3 | 0<br>0<br>0<br>8<br>4 | 0<br>0<br>0<br>8<br>5 | 0<br>0<br>0<br>8<br>6 | 0<br>0<br>0<br>8<br>7 | 0<br>0<br>0<br>8<br>8 | 0<br>0<br>0<br>8<br>9 | 0<br>0<br>0<br>9<br>0 | 0<br>0<br>0<br>9<br>1 | 0<br>0<br>0<br>9<br>2 | 0<br>0<br>0<br>9<br>3 | 0<br>0<br>0<br>9<br>4 | 0<br>0<br>0<br>9<br>5 | 0<br>0<br>0<br>9<br>6 | 0<br>0<br>0<br>9<br>7 | 0<br>0<br>0<br>9<br>8 | 0<br>0<br>0<br>9<br>9 | * TOTALS |
| B6C3F1/N MICE MALE                               | 500 mg/L |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Histiocytic Sarcoma                              |          |             |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Lymph Node                                       |          |             |                       |                       |                       |                       |                       | +                     | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4        |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |          |             |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Hepatocellular Carcinoma, Metastatic, Liver      |          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Hepatocholangiocarcinoma, Metastatic, Liver      |          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Lymph Node, Mandibular                           |          |             |                       |                       |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Lymph Node, Mesenteric                           |          |             |                       |                       |                       |                       | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 46       |
| Lymphoma Malignant                               |          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Spleen   |          |             |                       |                       |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Hemangiosarcoma                                  |          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Thymus   |          |             |                       |                       |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | I                     | 44       |
| Alveolar/Bronchiolar Carcinoma, Metastatic, Lung |          |             |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| <b>INTEGUMENTARY SYSTEM</b>                      |          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Mammary Gland                                    |          |             | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | 2        |
| Skin   |          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| <b>MUSCULOSKELETAL SYSTEM</b>                    |          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          |
| Bone   |          |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Hepatocholangiocarcinoma, Metastatic, Liver      |          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Skeletal Muscle                                  |          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

| B6C3F1/N MICE MALE |  | DAY ON TEST | ANIMAL ID            |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      |                      | * TOTALS             |
|--------------------|--|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
|                    |  |             | 05<br>56<br>49<br>77 | 06<br>67<br>23<br>90 | 07<br>77<br>33<br>91 | 07<br>77<br>33<br>12 | 07<br>77<br>33<br>21 | 07<br>77<br>33<br>22 | 06<br>66<br>32<br>10 | 07<br>76<br>31<br>21 | 07<br>72<br>32<br>02 | 07<br>73<br>32<br>23 | 04<br>93<br>39<br>60 | 07<br>73<br>31<br>11 | 07<br>71<br>31<br>11 | 05<br>57<br>37<br>11 | 07<br>73<br>31<br>11 | 07<br>70<br>31<br>11 | 06<br>69<br>31<br>11 | 07<br>73<br>31<br>11 | 07<br>70<br>31<br>11 | 06<br>69<br>31<br>11 | 07<br>73<br>31<br>11 |
| 500 mg/L           |  | ANIMAL ID   | 00<br>00<br>00<br>77 | 00<br>00<br>00<br>77 | 00<br>00<br>00<br>88 | 00<br>00<br>00<br>90 |
|                    |  |             | 66<br>77             | 88<br>99             | 90<br>01             | 22<br>33             | 44<br>55             | 66<br>77             | 77<br>88             | 88<br>99             | 88<br>99             | 88<br>99             | 90<br>01             | 91<br>22             | 93<br>34             | 94<br>45             | 96<br>67             | 97<br>78             | 98<br>89             | 99<br>90             | 99<br>90             | 99<br>90             | 99<br>90             |

## **URINARY SYSTEM**

Kidney

## Urinary Bladder

## **SYSTEMIC LESIONS**

## Multiple Organ

## Amyloid

X 1

### Histiocytic Sarcoma

### Lymphoma Malignant

X 1

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

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## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

| DAY ON TEST |                  |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | males<br>(cont...)    |                    |
|-------------|------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|             | 0<br>7<br>3<br>1 | 0<br>6<br>9<br>1      | 0<br>6<br>3<br>6      | 0<br>7<br>2<br>1      | 0<br>7<br>3<br>6      | 0<br>6<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>6<br>9<br>4      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>6<br>5<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                    |
| ANIMAL ID   |                  | 0<br>0<br>1<br>0<br>1 | males<br>(cont...) |
|             |                  | 0<br>0<br>1<br>0<br>1 | males<br>(cont...) |
|             |                  | 0<br>1<br>2<br>3      | 0<br>2<br>3           | 0<br>4                | 0<br>5                | 0<br>6                | 0<br>7                | 0<br>8                | 0<br>9                | 0<br>0                | 0<br>1                | 0<br>1                | 0<br>2                | 0<br>3                | 0<br>4                | 0<br>5                | 0<br>6                | 0<br>7                | 0<br>8                | 0<br>9                | males<br>(cont...)    |                    |
|             |                  | 0<br>1<br>2<br>3      | 0<br>2<br>3           | 0<br>4                | 0<br>5                | 0<br>6                | 0<br>7                | 0<br>8                | 0<br>9                | 0<br>0                | 0<br>1                | 0<br>1                | 0<br>2                | 0<br>3                | 0<br>4                | 0<br>5                | 0<br>6                | 0<br>7                | 0<br>8                | 0<br>9                | males<br>(cont...)    |                    |
|             |                  | 0<br>1<br>2<br>3      | 0<br>2<br>3           | 0<br>4                | 0<br>5                | 0<br>6                | 0<br>7                | 0<br>8                | 0<br>9                | 0<br>0                | 0<br>1                | 0<br>1                | 0<br>2                | 0<br>3                | 0<br>4                | 0<br>5                | 0<br>6                | 0<br>7                | 0<br>8                | 0<br>9                | males<br>(cont...)    |                    |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumo

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

## Coagulating Gland

## Epididymis Lymphoma Malignant

## Preputial Gland Lymphoma Malignant

## Prostate

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|  |  | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>6<br>2<br>1      | 0<br>6<br>9<br>8      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>6<br>9<br>4      | 0<br>7<br>2<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>2      | 0<br>6<br>5<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>2      | males<br>(cont...)    |                       |                       |
|--|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|  |  | ANIMAL ID   | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>0<br>2 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>0<br>5 | 0<br>0<br>1<br>0<br>6 | 0<br>0<br>1<br>0<br>7 | 0<br>0<br>1<br>0<br>8 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>0<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>1<br>0 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 |
| <b>B6C3F1/N MICE MALE</b>              |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| <b>1000 mg/L</b>                       |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant                     |  | X           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Seminal Vesicle                        |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |
| Lymphoma Malignant                     |  | X           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Testis                                 |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       |
| <b>HEMATOPOIETIC SYSTEM</b>            |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone Marrow                            |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Hemangiosarcoma                        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymph Node                             |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Hemangiosarcoma                        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymph Node, Mandibular                 |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Carcinoma, Metastatic, Harderian Gland |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymph Node, Mesenteric                 |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Hemangiosarcoma                        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |
| Spleen                                 |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |
| Hemangiosarcoma                        |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |
| Lymphoma Malignant                     |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |
| Thymus                                 |  | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     |                       |
|  |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|                    |           | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>6<br>2<br>1      | 0<br>6<br>9<br>8      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>6      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>6<br>9<br>4      | 0<br>7<br>3<br>2      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>6<br>5<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                       |                       |
|--------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                    |           | ANIMAL ID   | 0<br>0<br>1<br>0<br>1 | 0<br>0<br>1<br>0<br>2 | 0<br>0<br>1<br>0<br>3 | 0<br>0<br>1<br>0<br>4 | 0<br>0<br>1<br>0<br>5 | 0<br>0<br>1<br>0<br>6 | 0<br>0<br>1<br>0<br>7 | 0<br>0<br>1<br>0<br>8 | 0<br>0<br>1<br>0<br>9 | 0<br>0<br>1<br>1<br>1 | 0<br>0<br>1<br>1<br>2 | 0<br>0<br>1<br>1<br>3 | 0<br>0<br>1<br>1<br>4 | 0<br>0<br>1<br>1<br>5 | 0<br>0<br>1<br>1<br>6 | 0<br>0<br>1<br>1<br>7 | 0<br>0<br>1<br>1<br>8 | 0<br>0<br>1<br>1<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 |
| B6C3F1/N MICE MALE | 1000 mg/L |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

Alveolar/Bronchiolar Carcinoma, Metastatic,  
Lung

Lymphoma Malignant

X

X

X

males  
(cont...)

## INTEGUMENTARY SYSTEM

Mammary Gland

M M M M M M M M M M M M M M M + M M M M M M M M

Skin  
Pinna, Sarcoma

+ X

## MUSCULOSKELETAL SYSTEM

Bone

+ +

Skeletal Muscle  
Hepatoblastoma, Metastatic, Liver

## NERVOUS SYSTEM

Brain  
Ependymoma Malignant

+ +

Brain Trigeminal Ganglion

+

Peripheral Nerve

+

Spinal Cord

+

## RESPIRATORY SYSTEM

Lung

+ +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

I .. Insufficient tissue



**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## Multiple Organ Lymphoma Malignant

**males  
(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

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First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|                    |   | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
|--------------------|---|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|
|                    |   | ANIMAL ID   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |          |   |
| B6C3F1/N MICE MALE |   | 1000 mg/L   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |
| 0                  | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 7                  | 7 | 7           | 5 | 7 | 0 | 7 | 7 | 5 | 7 | 6 | 0 | 7 | 7 | 7 | 6 | 0 | 7 | 7 | 7 | 6 | 0 | 7        | 7 |
| 3                  | 3 | 3           | 3 | 0 | 3 | 3 | 3 | 7 | 3 | 8 | 0 | 3 | 3 | 3 | 4 | 3 | 3 | 2 | 3 | 1 | 3 | 0        | 3 |
| 1                  | 1 | 2           | 2 | 9 | 2 | 0 | 2 | 1 | 5 | 1 | 6 | 1 | 1 | 1 | 1 | 9 | 2 | 1 | 4 | 2 | 5 | 2        | 1 |
| 0                  | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 0                  | 0 | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |
| 1                  | 1 | 1           | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1        | 1 |
| 2                  | 2 | 2           | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 4        | 4 |
| 6                  | 7 | 8           | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8        | 9 |

## ALIMENTARY SYSTEM

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Esophagus                          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Gallbladder                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| X                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
| Intestine Large, Cecum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Colon             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Large, Rectum            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Duodenum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Ileum             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Intestine Small, Jejunum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma                          | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| X                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
| Liver                              | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hemangiosarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Hepatoblastoma                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Hepatoblastoma, Multiple           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocellular Adenoma             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 16 |
| Hepatocellular Adenoma, Multiple   | X | X | X | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 13 |
| Hepatocellular Carcinoma           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 8  |
| Hepatocellular Carcinoma, Multiple | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 4  |
| Lymphoma Malignant                 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| X                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE MALE                                  | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |                       |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   |             | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>5<br>0<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>5<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>6<br>1<br>6      | 0<br>7<br>0<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>6<br>9<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>4      | 0<br>7<br>3<br>5      | 0<br>6<br>2<br>2      | 0<br>7<br>3<br>2      | 0<br>7<br>0<br>1      | 0<br>7<br>2<br>1      |                       |                       |                       |                       |
| 1000 mg/L   | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>3<br>0 | 0<br>0<br>1<br>3<br>1 | 0<br>0<br>1<br>3<br>2 | 0<br>0<br>1<br>3<br>3 | 0<br>0<br>1<br>3<br>4 | 0<br>0<br>1<br>3<br>5 | 0<br>0<br>1<br>3<br>6 | 0<br>0<br>1<br>3<br>7 | 0<br>0<br>1<br>3<br>8 | 0<br>0<br>1<br>3<br>9 | 0<br>0<br>1<br>4<br>0 | 0<br>0<br>1<br>4<br>1 | 0<br>0<br>1<br>4<br>2 | 0<br>0<br>1<br>4<br>3 | 0<br>0<br>1<br>4<br>4 | 0<br>0<br>1<br>4<br>5 | 0<br>0<br>1<br>4<br>6 | 0<br>0<br>1<br>4<br>7 | 0<br>0<br>1<br>4<br>8 | 0<br>0<br>1<br>4<br>9 |
| Mesentery   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 6                     |
| Lymphoma Malignant                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Pancreas  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |
| Lymphoma Malignant                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| Salivary Glands                                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |
| Lymphoma Malignant                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Stomach, Forestomach                                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |
| Lymphoma Malignant                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Stomach, Glandular                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |
| Lymphoma Malignant                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Tooth   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 44                    |
| Odontoma  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>CARDIOVASCULAR SYSTEM</b>                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Blood Vessel  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |
| Lymphoma Malignant                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Heart   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |
| Alveolar/Bronchiolar Carcinoma, Metastatic,<br>Lung |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymphoma Malignant                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| <b>ENDOCRINE SYSTEM</b>                             |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Adrenal Cortex                                      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE MALE       | 1000 mg/L | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |
|--------------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                          |           |             | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>5<br>0<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>5<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>6<br>1<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>6<br>1<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>6<br>1<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>6<br>1<br>1      | 0<br>7<br>3<br>2      |                       |                       |
| ANIMAL ID                |           |             | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>2<br>2 | 0<br>0<br>1<br>2<br>3 | 0<br>0<br>1<br>2<br>4 | 0<br>0<br>1<br>2<br>5 | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 |
| Lymphoma Malignant       |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Subcapsular, Adenoma     |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Adrenal Medulla          |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |
| Islets, Pancreatic       |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |                       |
| Adenoma                  |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X X                   | 3                     |
| Lymphoma Malignant       |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Parathyroid Gland        |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 48                    |                       |
| Pituitary Gland          |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |                       |
| Thyroid Gland            |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |
| Follicular Cell, Adenoma |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     | 2                     |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

|                    |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--------------------|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Coagulating Gland  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Epididymis         |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X  | 2 |
| Preputial Gland    |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Lymphoma Malignant |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Prostate           |  |  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

\* .. Total animals with tissue examined microscopically: Total animals with tumor

± .. Tissue examined microscopically

X, Lesion present

#### I .. Insufficient tissue

#### M - Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|   |           | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>5<br>0<br>2      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>5<br>1           | 0<br>7<br>6<br>1 | 0<br>7<br>0<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>1      | 0<br>6<br>9      | 0<br>7<br>3<br>2 | 0<br>7<br>1      | 0<br>7<br>2      | 0<br>6<br>1      | 0<br>7<br>3<br>2 | 0<br>7<br>1      | 0<br>6<br>2      | 0<br>7<br>0<br>1 | 0<br>7<br>2      | 0<br>7<br>1      | 0<br>7<br>0<br>1 |  |    |
|---|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--|----|
|   |           | ANIMAL ID   | 0<br>0<br>1<br>2<br>6 | 0<br>0<br>1<br>2<br>7 | 0<br>0<br>1<br>2<br>8 | 0<br>0<br>1<br>2<br>9 | 0<br>0<br>1<br>2<br>0 | 0<br>0<br>1<br>2<br>1 | 0<br>0<br>1<br>3 | 0<br>0<br>1<br>3 | 0<br>0<br>1<br>3 | 0<br>0<br>1<br>3 | 0<br>0<br>1<br>3 | 0<br>0<br>1<br>4 | * TOTALS         |  |    |
| B6C3F1/N MICE MALE  | 1000 mg/L |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |
| Alveolar/Bronchiolar Adenoma  |           |             |                       |                       |                       |                       |                       |                       | X                |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 7  |
| Alveolar/Bronchiolar Adenoma, Multiple  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 2  |
| Alveolar/Bronchiolar Carcinoma  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 2  |
| Alveolar/Bronchiolar Carcinoma, Multiple  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 1  |
| Hepatoblastoma, Metastatic, Liver   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 2  |
| Hepatocellular Carcinoma, Metastatic, Liver                                       |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 7  |
| Lymphoma Malignant  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 2  |
| Nose  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50 |
| Trachea   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50 |
| <b>SPECIAL SENSES SYSTEM</b>  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |
| Eye   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50 |
| Harderian Gland   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50 |
| Adenoma   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 1  |
| Carcinoma   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 2  |
| Lymphoma Malignant  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 1  |
| <b>URINARY SYSTEM</b>   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |
| Kidney  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50 |
| Lymphoma Malignant  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 2  |
| Renal Tubule, Adenoma   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 1  |
| Urinary Bladder   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 50 |
| Lymphoma Malignant  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  | 1  |
| <b>SYSTEMIC LESIONS</b>   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |
| * .. Total animals with tissue examined microscopically; Total animals with tumor |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |
| + .. Tissue examined microscopically  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |
| X .. Lesion present   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |
| I .. Insufficient tissue  |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |
| M .. Missing tissue   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |
| A .. Autolysis precludes evaluation   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |
| BLANK .. Not examined microscopically   |           |             |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |  |    |

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

**CAS Number:** 10213-10-2

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with tumo

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|                           |  | DAY ON TEST | 0<br>7 | 0<br>6 | 0<br>7 | 0<br>5 | 0<br>7 | 0<br>7 | 0<br>6 |        | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                           |  | ANIMAL ID   | 3<br>1 | 4<br>1 | 3<br>0 | 3<br>2 | 3<br>1 | 3<br>2 | 1<br>1 | 1<br>1 | 3<br>1 | 1<br>3 | 7<br>0 | 3<br>0 | 3<br>1 | 2<br>2 | 3<br>2 | 4<br>4 | 3<br>0 | 2<br>2 | 9<br>9 | 1<br>0 |
| <b>B6C3F1/N MICE MALE</b> |  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
| <b>2000 mg/L</b>          |  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |
|                           |  |             |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |        |

males  
(cont...)**ALIMENTARY SYSTEM**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Cecum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum                     | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum                   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                                       | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hemangioma                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Hemangiosarcoma                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |   |
| Hepatocellular Adenoma                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |   |
| Hepatocellular Adenoma, Multiple            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Hepatocellular Carcinoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Hepatocellular Carcinoma, Multiple          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Hepatocholangiocarcinoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Histiocytic Sarcoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | X |   |
| Mesentery                                   | + |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | + |   |   |   |
| Hepatocholangiocarcinoma, Metastatic, Liver | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

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Experiment Number: 03038 - 04

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## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|   |           | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>6<br>4<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>4<br>0<br>7      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>2      | 0<br>4<br>2<br>4      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>5<br>9<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>6<br>8<br>0      |                       |                       |                       |                    |
|---|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|   |           | ANIMAL ID   | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>5 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>6<br>8 | 0<br>0<br>1<br>6<br>9 | 0<br>0<br>1<br>7<br>0 | males<br>(cont...) |
| B6C3F1/N MICE MALE                          | 2000 mg/L |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Pancreas                                    |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Hepatocholangiocarcinoma, Metastatic, Liver |           |             |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Salivary Glands                             |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Stomach, Forestomach                        |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Stomach, Glandular                          |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Tooth                                       |           |             | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| <b>CARDIOVASCULAR SYSTEM</b>                |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Blood Vessel                                |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Heart                                       |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| <b>ENDOCRINE SYSTEM</b>                     |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Adrenal Cortex                              |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Subcapsular, Adenoma                        |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Adrenal Medulla                             |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Pheochromocytoma Malignant                  |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Islets, Pancreatic                          |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |
| Adenoma                                     |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Parathyroid Gland                           |           |             | +                     | M                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | M                     | +                     | +                     |                       |                    |
| Pituitary Gland                             |           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                       |                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|   |           | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>6<br>4<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>4<br>0<br>7      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>4<br>2<br>4      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>2      | 0<br>5<br>9<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>6<br>8<br>0      |                       |                       |                       |                       |                       |                    |
|---|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------|
|   |           | ANIMAL ID   | 0<br>0<br>1<br>5<br>1 | 0<br>0<br>1<br>5<br>2 | 0<br>0<br>1<br>5<br>3 | 0<br>0<br>1<br>5<br>4 | 0<br>0<br>1<br>5<br>5 | 0<br>0<br>1<br>5<br>6 | 0<br>0<br>1<br>5<br>7 | 0<br>0<br>1<br>5<br>8 | 0<br>0<br>1<br>5<br>9 | 0<br>0<br>1<br>6<br>0 | 0<br>0<br>1<br>6<br>1 | 0<br>0<br>1<br>6<br>2 | 0<br>0<br>1<br>6<br>3 | 0<br>0<br>1<br>6<br>4 | 0<br>0<br>1<br>6<br>5 | 0<br>0<br>1<br>6<br>6 | 0<br>0<br>1<br>6<br>7 | 0<br>0<br>1<br>6<br>8 | 0<br>0<br>1<br>6<br>9 | 0<br>0<br>1<br>7<br>0 | 0<br>0<br>1<br>7<br>1 | 0<br>0<br>1<br>7<br>2 | 0<br>0<br>1<br>7<br>3 | males<br>(cont...) |
| B6C3F1/N MICE MALE                          | 2000 mg/L |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Hepatocholangiocarcinoma, Metastatic, Liver |           | X           |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Histiocytic Sarcoma                         |           |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Spleen                                      |           | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Hemangiosarcoma                             |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Histiocytic Sarcoma                         |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Thymus                                      |           | +           | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | M                     |                    |
| Hepatocholangiocarcinoma, Metastatic, Liver |           |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Histiocytic Sarcoma                         |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| <b>INTEGUMENTARY SYSTEM</b>                 |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Mammary Gland                               |           | M           | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     | M                     |                    |
| Skin  |           | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| <b>MUSCULOSKELETAL SYSTEM</b>               |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Bone  |           | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| <b>NERVOUS SYSTEM</b>                       |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Brain                                       |           | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| <b>RESPIRATORY SYSTEM</b>                   |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Lung  |           | +           | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     |                    |
| Alveolar/Bronchiolar Adenoma                |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Alveolar/Bronchiolar Adenoma, Multiple      |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |
| Alveolar/Bronchiolar Carcinoma              |           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                    |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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BLANK .. Not examined microscopically



**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

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## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|                           |  | DAY ON TEST | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      | 0<br>5<br>6<br>2      | 0<br>7<br>3<br>1      | 0<br>6<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>5<br>4<br>0      | 0<br>7<br>3<br>2      | 0<br>7<br>3<br>1      | 0<br>5<br>2<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>2      |                        |                       |  | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                           |  | ANIMAL ID   | 0<br>0<br>1<br>7<br>6 | 0<br>0<br>1<br>7<br>7 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>8<br>0 | 0<br>0<br>1<br>8<br>1 | 0<br>0<br>1<br>8<br>2 | 0<br>0<br>1<br>8<br>3 | 0<br>0<br>1<br>8<br>4 | 0<br>0<br>1<br>8<br>5 | 0<br>0<br>1<br>8<br>6 | 0<br>0<br>1<br>8<br>7 | 0<br>0<br>1<br>8<br>8 | 0<br>0<br>1<br>8<br>9 | 0<br>0<br>1<br>9<br>0 | 0<br>0<br>1<br>9<br>1 | 0<br>0<br>1<br>9<br>2 | 0<br>0<br>1<br>9<br>3 | 0<br>0<br>1<br>9<br>4 | 0<br>0<br>1<br>9<br>5 | 0<br>0<br>1<br>9<br>6 | 0<br>0<br>1<br>9<br>7 | 0<br>0<br>1<br>9<br>8 | 0<br>0<br>1<br>9<br>9  | 0<br>0<br>1<br>9<br>0 |  |
| <b>B6C3F1/N MICE MALE</b> |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                        | <b>* TOTALS</b>       |  |
| <b>2000 mg/L</b>          |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                    1 |                       |  |
| Pars Distalis, Adenoma    |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                     |                       |  |
| Thyroid Gland             |  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 50                     |                       |  |

**GENERAL BODY SYSTEM**

NONE

**GENITAL SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Epididymis                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Hepatocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Preputial Gland                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Prostate                           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Seminal Vesicle                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Carcinoma                          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Testis                             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |

**HEMATOPOIETIC SYSTEM**

|                                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|------------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Lymph Node                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Hepatocarcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Lymph Node, Mandibular             | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Lymph Node, Mesenteric             | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

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## Sodium Tungstate Dihydrate

GAS Number: 10213-10-2

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Date Report Requested: 06/26/2019

**Time Report Requested:** 10:11:56

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| .. Insufficient tissue

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**Experiment Number:** 03038 - 04

**Test Type:** CHRONIC

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

**P04: NEOPLASMS BY INDIVIDUAL ANIMAL**

Sodium Tungstate Dihydrate

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

**Lab:** BAT

\*\*\* END OF MALE DATA \*\*\*

\* .. Total animals with tissue examined microscopically; Total animals with tumor

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**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

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Lab: BAT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

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#### A .. Autolysis precludes evaluation

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**Experiment Number:** 03038 - 04

**Test Type:** CHRONIC

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrat

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |
|----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|
|                      |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |                      |
| 0                    | 7           | 6 | 5 | 5 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 4                    |
| 0                    | 2           | 6 | 0 | 1 | 1 | 1 | 1 | 1 | 0 | 9 | 3 | 0 | 9 | 3 | 0 | 9 | 3 | 0 | 9 | 3 | 0 | 5                    |
| 0                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    |
| 0                    | 2           | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 0                    |
| 0                    | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2                    |
| 1                    | 2           | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 4                    |

## Lymphoma Malignant

7

## Urinary Bladder Lymphoma Malignant

## **SYSTEMIC LESIONS**

## Multiple Organ Histiocytic Sarcoma Lymphoma Malignant

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

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**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE | 0 mg/L | ANIMAL ID | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | * TOTALS |  |
|----------------------|--------|-----------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------|--|
|                      |        |           | 07          | 07 | 06 | 07 | 05 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07 |          |  |
|                      |        |           | 29          | 7  | 7  | 9  | 2  | 8  | 2  | 9  | 9  | 9  | 9  | 1  | 1  | 0  | 0  | 0  | 0  | 0  | 0  |          |  |
|                      |        |           | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 |          |  |
|                      |        |           | 22          | 22 | 22 | 22 | 22 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 24 | 24 | 24 | 24 | 24 | 24 | 24 |          |  |
|                      |        |           | 22          | 22 | 22 | 22 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 23 | 24 | 24 | 24 | 24 | 24 | 24 | 25 |          |  |
|                      |        |           | 66          | 77 | 88 | 99 | 00 | 11 | 22 | 33 | 44 | 55 | 66 | 77 | 88 | 99 | 00 | 11 | 22 | 33 | 44 | 50       |  |

# ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

### I .. Insufficient tissue

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE                   | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | * TOTALS |
|--|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|----------|
|  |             | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>6<br>9           | 0<br>7<br>2<br>9      | 0<br>5<br>8           | 0<br>7<br>2<br>9      |                       |          |          |
| 0 mg/L                                 | ANIMAL ID   | 0<br>0<br>2<br>2<br>2 | * TOTALS |          |
|  |             | 7<br>7<br>7<br>8<br>0 | 7<br>7<br>7<br>9<br>1 | 7<br>9<br>9<br>9<br>1 | 7<br>9<br>9<br>9<br>2 | 7<br>9<br>9<br>9<br>3 | 7<br>9<br>9<br>9<br>4 | 7<br>9<br>9<br>9<br>5 | 7<br>9<br>9<br>9<br>6 | 7<br>9<br>9<br>9<br>7 | 7<br>9<br>9<br>9<br>8 | 7<br>9<br>9<br>9<br>9 | 7<br>9<br>9<br>9<br>0 | 7<br>9<br>9<br>9<br>1 | 7<br>9<br>9<br>9<br>2 | 7<br>9<br>9<br>9<br>3 | 7<br>9<br>9<br>9<br>4 | 7<br>9<br>9<br>9<br>5 | 7<br>9<br>9<br>9<br>6 | 7<br>9<br>9<br>9<br>7 | 7<br>9<br>9<br>9<br>8 | 7<br>9<br>9<br>9<br>9 | 7<br>9<br>9<br>9<br>0 |                       |          |          |
| Lymphoma Malignant                     |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1        |
| Oral Mucosa                            |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1        |
| Pancreas                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |          |
| Fibrous Histiocytoma, Metastatic, Skin |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1        |
| Histiocytic Sarcoma                    |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1        |
| Lymphoma Malignant                     |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 2        |
| Salivary Glands                        |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |          |
| Lymphoma Malignant                     |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1        |
| Stomach, Forestomach                   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |          |
| Squamous Cell Papilloma, Multiple      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1        |
| Stomach, Glandular                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |          |
| Lymphoma Malignant                     |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1        |
| Tongue                                 |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1        |
| Squamous Cell Papilloma                |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 1        |
| Tooth                                  |             | +                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |          | 2        |

## CARDIOVASCULAR SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |   |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|---|
| Blood Vessel   | + | M | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 47 |   |
| Heart  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |   |
| Histiocytic Sarcoma                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |
| Pericardium, Hepatocellular Carcinoma, Metastatic, Liver |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1 |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

Pericardium, Liposarcoma, Metastatic, Skin

1

# **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

ANK .. Not examined microscopically

#### I .. Insufficient tissue

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS |
|----------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|                      |             | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>6<br>9           | 0<br>7<br>2<br>9      | 0<br>5<br>8           | 0<br>7<br>2<br>9      |                       |          |
| 0 mg/L               | ANIMAL ID   | 0<br>0<br>2<br>2<br>2 | * TOTALS |
|                      |             | 6<br>7<br>8<br>9<br>0 | 1<br>2<br>3<br>4<br>5 | 1<br>2<br>3<br>4<br>5 | 2<br>3<br>4<br>5<br>6 | 3<br>4<br>5<br>6<br>7 |          |
| Luteoma              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Lymphoma Malignant   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Uterus               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |
| Hemangiosarcoma      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Histiocytic Sarcoma  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2        |
| Lymphoma Malignant   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1        |
| Vagina               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50       |

## HEMATOPOIETIC SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|
| Bone Marrow                            | I | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 48 |
| Histiocytic Sarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 9  |
| Histiocytic Sarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymphoma Malignant                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node, Mandibular                 | + | + | + | + | + | + | + | I | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Histiocytic Sarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymphoma Malignant                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymph Node, Mesenteric                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 49 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Histiocytic Sarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |
| Lymphoma Malignant                     |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 3  |
| Spleen                                 | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |
| Fibrous Histiocytoma, Metastatic, Skin |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 1  |
| Histiocytic Sarcoma                    |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 2  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

# RESPIRATORY SYSTEM

## **SPECIAL SENSES SYSTEM**

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically: Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I.. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

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## Sodium Tungstate Dihydrate

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**First Dose M/F:** 01/17/12 / 01/16/12

**Species/Strain:** MICE/B6C3F1/N

Lab: BAT

## **SYSTEMIC LESIONS**

## Multiple Organ Histiocytic Sarcoma Lymphoma Malignant

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

| B6C3F1/N MICE FEMALE |  | DAY ON TEST | ANIMAL ID |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | females<br>(cont...) |    |    |
|----------------------|--|-------------|-----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------------|----|----|
|                      |  |             | 07        | 07 | 06 | 06 | 07 | 07 | 05 | 07 | 07 | 06 | 07 | 07 | 06 | 07 | 07 | 07 | 07 | 07 | 07 | 06 | 07                   |    |    |
|                      |  | 31          | 31        | 32 | 32 | 36 | 36 | 02 | 02 | 29 | 29 | 99 | 99 | 00 | 00 | 29 | 29 | 00 | 00 | 29 | 29 | 29 | 29                   | 29 | 29 |
| 500 mg/L             |  | 00          | 00        | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00                   | 00 | 00 |
|                      |  | 02          | 02        | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02 | 02                   | 02 | 02 |
|                      |  | 55          | 55        | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 55 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56 | 56                   | 56 | 56 |
|                      |  | 12          | 12        | 23 | 23 | 34 | 34 | 45 | 45 | 56 | 56 | 77 | 78 | 89 | 80 | 12 | 23 | 45 | 56 | 67 | 89 | 01 | 21                   | 32 | 45 |

## ALIMENTARY SYSTEM

\* .. Total animals with tissue examined microscopically: Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

X .. Lesion present  
I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

Time Report Requested: 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## CARDIOVASCULAR SYSTEM

## Blood Vessel

Heart

## Lymphoma Malignant

## **ENDOCRINE SYSTEM**

## Adrenal Cortex Subcapsular, Adenoma

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## Adrenal Medulla

## Islets, Pancreatic

## Adenoma Carcinoma

## Parathyroid Gland

## Pituitary Gland Pars Distalis, Carcinoma

## Thyroid Gland

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

### Clitoral Gland

Ovary  
Cystadenoma  
Histiocytic Sarcoma  
Tubulostroma

Uterus  
Lymphoma Malignant  
Cervix, Histiocytic Sarcoma

## Vagina

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically







**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|----------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                      |             | 0<br>7<br>3<br>1      | 0<br>7<br>2<br>1      | 0<br>6<br>2<br>3      | 0<br>6<br>0<br>3      | 0<br>7<br>2<br>9      | 0<br>5<br>2<br>9      | 0<br>7<br>3<br>9      | 0<br>7<br>2<br>9      | 0<br>6<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>7      | 0<br>7<br>3<br>0      | 0<br>6<br>3<br>4      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>6<br>8<br>8      | 0<br>6<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      |                       |                       |                       |                       |
| 500 mg/L             | ANIMAL ID   | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>7<br>0 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>2<br>7<br>5 |
|                      |             | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>7<br>0 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>2<br>7<br>5 |
|                      |             | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>7<br>0 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>2<br>7<br>5 |
|                      |             | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>7<br>0 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>2<br>7<br>5 |
|                      |             | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>7<br>0 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>2<br>7<br>5 |
|                      |             | 0<br>0<br>2<br>5<br>1 | 0<br>0<br>2<br>5<br>2 | 0<br>0<br>2<br>5<br>3 | 0<br>0<br>2<br>5<br>4 | 0<br>0<br>2<br>5<br>5 | 0<br>0<br>2<br>5<br>6 | 0<br>0<br>2<br>5<br>7 | 0<br>0<br>2<br>5<br>8 | 0<br>0<br>2<br>5<br>9 | 0<br>0<br>2<br>6<br>0 | 0<br>0<br>2<br>6<br>1 | 0<br>0<br>2<br>6<br>2 | 0<br>0<br>2<br>6<br>3 | 0<br>0<br>2<br>6<br>4 | 0<br>0<br>2<br>6<br>5 | 0<br>0<br>2<br>6<br>6 | 0<br>0<br>2<br>6<br>7 | 0<br>0<br>2<br>6<br>8 | 0<br>0<br>2<br>6<br>9 | 0<br>0<br>2<br>7<br>0 | 0<br>0<br>2<br>7<br>1 | 0<br>0<br>2<br>7<br>2 | 0<br>0<br>2<br>7<br>3 | 0<br>0<br>2<br>7<br>4 | 0<br>0<br>2<br>7<br>5 |

## Histiocytic Sarcoma

### Lymphoma Malignant

### Mesothelioma Malignant

X

X

8

8

X

X

X

**females  
(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with tumo

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|          |           | DAY ON TEST | B6C3F1/N MICE FEMALE |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       | * TOTALS |
|----------|-----------|-------------|----------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|----------|
|          |           |             | 0729                 | 0729  | 0730  | 0730  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  | 0729  |          |
| 500 mg/L | ANIMAL ID | 00276       | 00277                | 00278 | 00279 | 00280 | 00281 | 00282 | 00283 | 00284 | 00285 | 00286 | 00287 | 00288 | 00289 | 00290 | 00291 | 00292 | 00293 | 00294 | 00295 | 00296 | 00297 | 00298 | 00299 | 00200 | * TOTALS |
|          |           | 00276       | 00277                | 00278 | 00279 | 00280 | 00281 | 00282 | 00283 | 00284 | 00285 | 00286 | 00287 | 00288 | 00289 | 00290 | 00291 | 00292 | 00293 | 00294 | 00295 | 00296 | 00297 | 00298 | 00299 | 00200 |          |

## ALIMENTARY SYSTEM

|  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    |    |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----|----|
| Esophagus                                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Gallbladder                                    | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Large, Cecum<br>Lymphoma Malignant   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Large, Colon                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Large, Rectum                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Duodenum                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Ileum<br>Lymphoma Malignant   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Intestine Small, Jejunum<br>Lymphoma Malignant | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | 50 |    |
| Liver  | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | +  | 50 |
| Hemangiosarcoma                                |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Hepatocellular Adenoma                         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 9  |
| Hepatocellular Adenoma, Multiple               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 10 |
| Hepatocellular Carcinoma                       |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 8  |
| Histiocytic Sarcoma                            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |
| Lymphoma Malignant                             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 4  |
| Mesentery                                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 12 |
| Fibrous Histiocytoma                           |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |    | 1  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

Lab: BAT

## CARDIOVASCULAR SYSTEM

# **ENDOCRINE SYSTEM**

\* .. Total animals with tissue examined microscopically: Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE                        | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |          |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|
|   |             | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      |                       |                       |                       |          |
| 500 mg/L                                    | ANIMAL ID   | 0<br>0<br>2<br>7<br>6 | 0<br>0<br>2<br>7<br>7 | 0<br>0<br>2<br>8<br>0 | 0<br>0<br>2<br>8<br>1 | 0<br>0<br>2<br>8<br>2 | 0<br>0<br>2<br>8<br>3 | 0<br>0<br>2<br>8<br>4 | 0<br>0<br>2<br>8<br>5 | 0<br>0<br>2<br>8<br>6 | 0<br>0<br>2<br>8<br>7 | 0<br>0<br>2<br>8<br>8 | 0<br>0<br>2<br>8<br>9 | 0<br>0<br>2<br>9<br>0 | 0<br>0<br>2<br>9<br>1 | 0<br>0<br>2<br>9<br>2 | 0<br>0<br>2<br>9<br>3 | 0<br>0<br>2<br>9<br>4 | 0<br>0<br>2<br>9<br>5 | 0<br>0<br>2<br>9<br>6 | 0<br>0<br>2<br>9<br>7 | 0<br>0<br>2<br>9<br>8 | 0<br>0<br>2<br>9<br>9 | * TOTALS |
|   |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |          |
| Adrenal Medulla                             |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |          |
| Islets, Pancreatic Adenoma                  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |          |
| Carcinoma                                   |             | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |          |
| Parathyroid Gland                           |             | M                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | M                     | +                     | 40                    |                       |          |
| Pituitary Gland<br>Pars Distalis, Carcinoma |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |          |
|   |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |                       |          |
| Thyroid Gland                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |          |

## GENERAL BODY SYSTEM

NONE

## GENITAL SYSTEM

Clitoral Gland

Ovary

Cystadenoma

Histiocytic Sarcoma

Tubulostromal Adenoma

Uterus

Lymphoma Malignant

Cervix, Histiocytic Sarcoma

Vagina

+

+

X

49

1

1

1

+

50

1

1

+

50

1

1

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## Lymphoma Malignant

1

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

#### A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

#### I .. Insufficient tissue

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type:** CHRONIC

## Sodium Tungstate Dihydrate

Time Report Requested: 10:11:56

**Route:** DOSED WATER

CAS Number: 10213-10-2

**First Dose M/F:** 01/17/12 / 01/16/12

**Species/Strain:** MICE/B6C3F1/N

Lab BAT

|                     |   | DAY ON TEST          |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------------|---|----------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
|                     |   | B6C3F1/N MICE FEMALE |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                     |   | 500 mg/L             |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|                     |   | ANIMAL ID            |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| 0                   | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7                   | 7 | 7                    | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 |
| 2                   | 2 | 2                    | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 3 | 1 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 |
| 9                   | 9 | 9                    | 9 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 9 | 9 | 0 | 8 | 9 | 0 | 1 | 1 | 0 | 0 | 1 | 1 |
| 0                   | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0                   | 0 | 0                    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2                   | 2 | 2                    | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 7                   | 7 | 7                    | 7 | 7 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 9 | 0 |
| 6                   | 7 | 8                    | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| * TOTALS            |   |                      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Histiocytic Sarcoma |   |                      |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 1 |
| Lymphoma Malignant  |   |                      |   |   |   |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   | 6 |

## **INTEGUMENTARY SYSTEM**

## MUSCULOSKELETAL SYSTEM

## **NERVOUS SYSTEM**

## RESPIRATORY SYSTEM

|                                |   |   |   |    |
|--------------------------------|---|---|---|----|
| Larynx                         |   | + |   | 1  |
| Lung                           | + | + | + | 50 |
| Alveolar/Bronchiolar Adenoma   | X |   |   | 2  |
| Alveolar/Bronchiolar Carcinoma |   | X | X | 2  |

\* .. Total animals with tissue examined microscopically: Total animals with tumor

M .. Missing tissue

± .. Tissue examined microscopically

#### A .. Autolysis precludes evaluation

X - Lesion present

**WAN** .. Not examined microscopically

| ... Insufficient tissue

DEINK ... Not examined microscopically

**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

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A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

| .. Insufficient tissue

**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## Histiocytic Sarcoma

### Lymphoma Malignant

### Mesothelioma Malignant

X X X X X 13  
          X      1

1

\* .. Total animals with tissue examined microscopically; Total animals with tumo

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

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**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

| B6C3F1/N MICE FEMALE | 1000 mg/L | ANIMAL ID | DAY ON TEST |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    | females<br>(cont...) |    |
|----------------------|-----------|-----------|-------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----------------------|----|
|                      |           |           | 07          | 07 | 06 | 05 | 05 | 06 | 07 | 06 | 06 | 07 | 07 | 07 | 07 | 07 | 06 | 07 | 07 | 07 | 07 | 07 | 07 | 07 | 07                   |    |
|                      |           |           | 29          | 29 | 22 | 09 | 99 | 20 | 31 | 02 | 29 | 03 | 49 | 39 | 00 | 60 | 30 | 60 | 30 | 60 | 30 | 60 | 30 | 60 | 30                   | 60 |
|                      |           |           | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00                   | 00 |
|                      |           |           | 03          | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03 | 03                   | 03 |
|                      |           |           | 00          | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 00 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 01 | 02 | 02 | 02 | 02 | 02                   | 02 |
|                      |           |           | 11          | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 00 | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 00 | 01 | 02 | 03                   | 04 |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically











**Experiment Number:** 03038 - 04

**Test Type:** CHRONIC

**Route: DOSED WATER**

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

| B6C3F1/N MICE FEMALE | 1000 mg/L | ANIMAL ID | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |
|----------------------|-----------|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|
|                      |           |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |
| 7                    | 7         | 7         | 6           | 5 | 5 | 6 | 7 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7                    | 7 | 7 |
| 2                    | 2         | 2         | 0           | 9 | 9 | 2 | 3 | 1 | 4 | 9 | 3 | 9 | 0 | 0 | 6 | 0 | 1 | 3                    | 3 | 3 |
| 9                    | 9         | 9         | 2           | 8 | 8 | 9 | 0 | 3 | 4 | 9 | 3 | 9 | 0 | 0 | 6 | 0 | 0 | 0                    | 0 | 0 |
| 0                    | 0         | 0         | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 |
| 0                    | 0         | 0         | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 |
| 3                    | 3         | 3         | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 | 3 |
| 0                    | 0         | 0         | 0           | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 2 | 2                    | 2 | 2 |
| 1                    | 1         | 2         | 3           | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8                    | 9 | 0 |

## Lymphoma Malignant

+ + + + + + + + + M +

## Urinary Bladder Lymphoma Malignant

## **SYSTEMIC LESIONS**

## Multiple Organ Histiocytic Sarcoma Lymphoma Malignant

+ + + + + + + + + + + X + + + + + + + + + + X + + + + + + + + + + X + + X

**females  
(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

| B6C3F1/N MICE FEMALE | 1000 mg/L | ANIMAL ID | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | * TOTALS |   |  |
|----------------------|-----------|-----------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|---|--|
|                      |           |           | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |  |
|                      |           | 0         | 7           | 2 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7 | 7        | 7 |  |
|                      |           | 0         | 3           | 4 | 3 | 2 | 2 | 2 | 0 | 2 | 2 | 2 | 3 | 3 | 3 | 2 | 3 | 3 | 2        | 3 |  |
|                      |           | 0         | 0           | 5 | 0 | 9 | 9 | 9 | 0 | 9 | 9 | 9 | 1 | 1 | 1 | 0 | 1 | 1 | 2        | 1 |  |
|                      |           | 0         | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |  |
|                      |           | 0         | 0           | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0        | 0 |  |
|                      |           | 0         | 3           | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3        | 3 |  |
|                      |           | 2         | 2           | 2 | 2 | 2 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 4 | 4 | 4 | 4 | 4        | 4 |  |
|                      |           | 6         | 7           | 8 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2        | 3 |  |

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumo

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE         | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |                       |                       |
|------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                              |             | 0<br>7<br>3<br>0      | 0<br>2<br>4<br>5      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>1      |                       |                       |                       |                       |
| 1000 mg/L                    | ANIMAL ID   | 0<br>0<br>3<br>2<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>3<br>0 | 0<br>0<br>3<br>3<br>1 | 0<br>0<br>3<br>3<br>2 | 0<br>0<br>3<br>3<br>3 | 0<br>0<br>3<br>3<br>4 | 0<br>0<br>3<br>3<br>5 | 0<br>0<br>3<br>3<br>6 | 0<br>0<br>3<br>3<br>7 | 0<br>0<br>3<br>3<br>8 | 0<br>0<br>3<br>3<br>9 | 0<br>0<br>3<br>4<br>0 | 0<br>0<br>3<br>4<br>1 | 0<br>0<br>3<br>4<br>2 | 0<br>0<br>3<br>4<br>3 | 0<br>0<br>3<br>4<br>4 | 0<br>0<br>3<br>4<br>5 | 0<br>0<br>3<br>4<br>6 | 0<br>0<br>3<br>4<br>7 | 0<br>0<br>3<br>4<br>8 | 0<br>0<br>3<br>4<br>9 |
| Lymphoma Malignant           |             | X                     |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       | X                     |                       |                       |                       |                       |                       | 4                     |                       |
| Mesentery                    |             | +                     |                       | +                     | +                     | +                     | +                     | +                     |                       |                       |                       |                       |                       |                       |                       | +                     | +                     | +                     | +                     | +                     | +                     |                       |                       | 13                    |                       |
| Hemangiosarcoma              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Histiocytic Sarcoma          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymphoma Malignant           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Oral Mucosa                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Pancreas                     |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |
| Hemangiosarcoma              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymphoma Malignant           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| Salivary Glands              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |                       |
| Lymphoma Malignant           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Stomach, Forestomach         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |
| Lymphoma Malignant           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| Squamous Cell Papilloma      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Stomach, Glandular           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |
| Hemangiosarcoma              |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymphoma Malignant           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Tooth                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 2                     |
| <b>CARDIOVASCULAR SYSTEM</b> |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Blood Vessel                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |                       |
| Heart                        |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |                       |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

# **ENDOCRINE SYSTEM**

## **GENERAL BODY SYSTEM**

NONE

## GENITAL SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 01

**Test Type:** CHRONIC

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

#### P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/E:** 01/17/12 / 01/16/12

## Lab: BAT

## HEMATOPOIETIC SYSTEM

\* Total animals with tissue examined microscopically: Total animals with tumor

## M Missing tissue

+ Tissue examined microscopically

A Autolysis precludes evaluation

- + .. Tissue examined
- X Lesion present

ANK. Not examined microscopically.

.. Lesion present

ANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## MUSCULOSKELETAL SYSTEM

## **NERVOUS SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

# RESPIRATORY SYSTEM

Trachea + + + + + + + + + + + + + + + + M + + + + + + + M + + 48  
 Lymphoma Malignant X 1

## **SPECIAL SENSES SYSTEM**

## **URINARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

## Sodium Tungstate Dihydrate

**Time Report Requested:** 10:11:56

**Route:** DOSED WATER

CAS Number: 10213-10-2

**First Dose M/F:** 01/17/12 / 01/16/12

**Species/Strain:** MICE/B6C3F1/N

Lab: BAT

## **SYSTEMIC LESIONS**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|                      |           | DAY ON TEST | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>4<br>6<br>7      | 0<br>6<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>1      | 0<br>7<br>3<br>0      |                       |                       |                       |                       |                       |                       |                      |
|----------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------------------|
|                      |           | ANIMAL ID   | 0<br>0<br>3<br>5<br>1 | 0<br>0<br>3<br>5<br>2 | 0<br>0<br>3<br>5<br>4 | 0<br>0<br>3<br>5<br>5 | 0<br>0<br>3<br>5<br>6 | 0<br>0<br>3<br>5<br>7 | 0<br>0<br>3<br>5<br>8 | 0<br>0<br>3<br>5<br>9 | 0<br>0<br>5<br>6<br>0 | 0<br>0<br>5<br>6<br>1 | 0<br>0<br>6<br>6<br>2 | 0<br>0<br>6<br>6<br>3 | 0<br>0<br>6<br>6<br>4 | 0<br>0<br>6<br>6<br>5 | 0<br>0<br>6<br>6<br>6 | 0<br>0<br>6<br>6<br>7 | 0<br>0<br>6<br>6<br>8 | 0<br>0<br>6<br>6<br>9 | 0<br>0<br>6<br>7<br>0 | 0<br>0<br>6<br>7<br>1 | 0<br>0<br>6<br>7<br>2 | 0<br>0<br>6<br>7<br>3 | 0<br>0<br>6<br>7<br>4 | females<br>(cont...) |
| B6C3F1/N MICE FEMALE | 2000 mg/L |             | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>4<br>6<br>7      | 0<br>6<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>1      |                       |                      |

## ALIMENTARY SYSTEM

|                                  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|----------------------------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Esophagus                        | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Gallbladder                      | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Lymphoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Intestine Large, Cecum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Colon           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Large, Rectum          | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Duodenum        | + | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Ileum           | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Intestine Small, Jejunum         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Liver                            | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
| Hepatocellular Adenoma           |   |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   | X |   | X |   |
| Hepatocellular Adenoma, Multiple |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocellular Carcinoma         |   |   |   |   |   |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Hepatocholangiocarcinoma         |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant               |   |   |   |   |   |   | X |   | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Mesentery                        |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Lymphoma Malignant               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Pancreas                         | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



**Experiment Number:** 03038 - 04

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

| B6C3F1/N MICE FEMALE | DAY ON TEST |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | females<br>(cont...) |   |   |  |
|----------------------|-------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|----------------------|---|---|--|
|                      |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 |   |  |
| 2000 mg/L            | ANIMAL ID   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 |  |
|                      |             | 7 | 7 | 7 | 7 | 7 | 7 | 6 | 7 | 7 | 7 | 7 | 4 | 6 | 6 | 7 | 7 | 7 | 7 | 7 | 7 | 7                    | 7 | 7 |  |
|                      |             | 3 | 3 | 0 | 3 | 3 | 2 | 7 | 3 | 2 | 2 | 2 | 3 | 6 | 6 | 7 | 2 | 3 | 3 | 3 | 3 | 3                    | 3 | 3 |  |
|                      |             | 0 | 0 | 6 | 0 | 0 | 2 | 0 | 0 | 9 | 9 | 9 | 0 | 7 | 9 | 9 | 1 | 1 | 1 | 1 | 1 | 1                    | 1 | 0 |  |
|                      |             | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                    | 0 | 0 |  |
|                      |             | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3                    | 3 | 3 |  |
|                      |             | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 7 | 7 | 7                    | 7 | 7 |  |
|                      |             | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 0 | 1                    | 2 | 3 |  |

Hemangiosarcoma  
Pars Distalis, Adenom

## Thyroid Gland Follicular Cell, Adenoma

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

### **Clitoral Gland**

Ovary  
Cystadenoma  
Lymphoma Ma

## Uterus

- Lymphoma Malignant
- Polyp Stromal

Vagina  
Leiomyosarcoma  
Lymphoma Malignant

# **HEMATOPOIETIC SYSTEM**

## Bone Marrow Lymphoma Malignant

| + + + + + + + + + + + + | + + + + + + + + + + + + + + + + +

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

|                      |           | DAY ON TEST | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      | 0<br>7<br>2<br>9      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>2<br>9 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>1 | 0<br>7<br>3<br>0 |             |             |                      |
|----------------------|-----------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------|-------------|----------------------|
|                      |           | ANIMAL ID   | 0<br>0<br>3<br>5<br>1 | 0<br>0<br>3<br>5<br>2 | 0<br>0<br>3<br>5<br>5 | 0<br>0<br>3<br>5<br>6 | 0<br>0<br>3<br>5<br>7 | 0<br>0<br>3<br>5<br>8 | 0<br>0<br>3<br>5<br>9 | 0<br>0<br>1      | 0<br>2<br>2      | 0<br>2<br>3      | 0<br>2<br>3      | 0<br>2<br>3      | 0<br>2<br>4      | 0<br>2<br>5      | 0<br>2<br>6      | 0<br>2<br>6      | 0<br>2<br>7      | 0<br>2<br>7      | 0<br>2<br>7 | 0<br>2<br>7 | females<br>(cont...) |
| B6C3F1/N MICE FEMALE | 2000 mg/L |             |                       |                       |                       |                       |                       |                       |                       |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |                  |             |             |                      |

|   |   |   |
|---|---|---|
| Lymph Node                                  | + |   |
| Lymphoma Malignant                          | X |   |
| Lymph Node, Mandibular                      | + | + |
| Lymphoma Malignant                          | X | X |
| Lymph Node, Mesenteric                      | + | + |
| Lymphoma Malignant                          | X | X |
| Spleen                                      | + | + |
| Lymphoma Malignant                          | X | X |
| Thymus                                      | + | + |
| Alveolar/Bronchiolar Carcinoma, Metastatic, | + | + |
| Lung  |   |   |
| Histiocytic Sarcoma                         |   |   |
| Lymphoma Malignant                          | X |   |

## INTEGUMENTARY SYSTEM

|               |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Mammary Gland | + | + | + | + | + | + | + | + | + | + | M | + | + | + | + | + | + | + | + | + | + | + |
| Skin          | + | + | + | + | + | + | + | + | + | + |   | + | + | + | + | + | + | + | + | + | + | + |

## MUSCULOSKELETAL SYSTEM

|      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Bone | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + |
|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

## NERVOUS SYSTEM

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically



**Experiment Number:** 03038 - 04

**Test Type:** CHRONIC

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

## Sodium Tungstate Dihydrat

**CAS Number:** 10213-10-2

**Date Report Requested:** 06/26/2019

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## **Lab: BAT**

## **SYSTEMIC LESIONS**

## Multiple Organ Histiocytic Sarcoma Lymphoma Malignant

X >

X X

**females  
(cont...)**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

#### A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route:** DOSED WATER

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## **ALIMENTARY SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

M .. Missing tissue

+ .. Tissue examined microscopically

A .. Autolysis precludes evaluation

X .. Lesion present

BLANK .. Not examined microscopically

#### I .. Insufficient tissue

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE         | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |  |
|------------------------------|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
|                              |             | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      |                       |                       |  |
| 2000 mg/L                    | ANIMAL ID   | 0<br>0<br>3<br>7<br>6 | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>8<br>9 | 0<br>0<br>3<br>8<br>0 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>8<br>4 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>8<br>6 | 0<br>0<br>3<br>8<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>8<br>9 | 0<br>0<br>3<br>9<br>0 | 0<br>0<br>3<br>9<br>1 | 0<br>0<br>3<br>9<br>2 | 0<br>0<br>3<br>9<br>3 | 0<br>0<br>3<br>9<br>4 | 0<br>0<br>3<br>9<br>5 | 0<br>0<br>3<br>9<br>6 | 0<br>0<br>3<br>9<br>7 |  |
|                              |             | Lymphoma Malignant    |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       | X                     | X                     |                       |                       |                       |                       | 5                     |  |
| Salivary Glands              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |  |
| Lymphoma Malignant           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | X                     |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Stomach, Forestomach         |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Lymphoma Malignant           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Stomach, Glandular           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Lymphoma Malignant           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Tooth                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| <b>CARDIOVASCULAR SYSTEM</b> |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Blood Vessel                 |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Heart                        |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| <b>ENDOCRINE SYSTEM</b>      |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |  |
| Adrenal Cortex               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Lymphoma Malignant           |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |  |
| Adrenal Medulla              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | 49                    |  |
| Islets, Pancreatic           |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |
| Parathyroid Gland            |             | +                     | +                     | M                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | M                     | M                     | +                     | +                     | M                     | 43                    |  |
| Pituitary Gland              |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |  |

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

**Route: DOSED WATER**

**Species/Strain:** MICE/B6C3F1/N

## Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

**Time Report Requested:** 10:11:56

**First Dose M/F:** 01/17/12 / 01/16/12

## Lab: BAT

## **GENERAL BODY SYSTEM**

NONE

## **GENITAL SYSTEM**

## **HEMATOPOIETIC SYSTEM**

\* .. Total animals with tissue examined microscopically; Total animals with tumor

+ .. Tissue examined microscopically

X .. Lesion present

#### I .. Insufficient tissue

M .. Missing tissue

A .. Autolysis precludes evaluation

BLANK .. Not examined microscopically

Experiment Number: 03038 - 04

Test Type: CHRONIC

Route: DOSED WATER

Species/Strain: MICE/B6C3F1/N

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

Sodium Tungstate Dihydrate

CAS Number: 10213-10-2

Date Report Requested: 06/26/2019

Time Report Requested: 10:11:56

First Dose M/F: 01/17/12 / 01/16/12

Lab: BAT

| B6C3F1/N MICE FEMALE                        | DAY ON TEST |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | * TOTALS              |
|---|-------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|   |             | 0<br>7<br>3<br>0      | 0<br>7<br>3<br>0      | 0<br>7<br>2<br>9      |                       |                       |
| 2000 mg/L                                   | ANIMAL ID   | 0<br>0<br>3<br>7<br>6 | 0<br>0<br>3<br>7<br>7 | 0<br>0<br>3<br>8<br>0 | 0<br>0<br>3<br>8<br>1 | 0<br>0<br>3<br>8<br>2 | 0<br>0<br>3<br>8<br>3 | 0<br>0<br>3<br>8<br>4 | 0<br>0<br>3<br>8<br>5 | 0<br>0<br>3<br>8<br>6 | 0<br>0<br>3<br>8<br>7 | 0<br>0<br>3<br>8<br>8 | 0<br>0<br>3<br>8<br>9 |
| Lymph Node                                  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| Lymphoma Malignant                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 3                     |
| Lymph Node, Mandibular                      |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Lymphoma Malignant                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |
| Lymph Node, Mesenteric                      |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Lymphoma Malignant                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7                     |
| Spleen                                      |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Lymphoma Malignant                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 7                     |
| Thymus                                      |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Alveolar/Bronchiolar Carcinoma, Metastatic, |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lung  |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Histiocytic Sarcoma                         |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| Lymphoma Malignant                          |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 4                     |
| <b>INTEGUMENTARY SYSTEM</b>                 |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Mammary Gland                               |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 49                    |
| Skin  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| Fibrous Histiocytoma                        |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       | 1                     |
| <b>MUSCULOSKELETAL SYSTEM</b>               |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
| Bone  |             | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | +                     | 50                    |
| <b>NERVOUS SYSTEM</b>                       |             |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |

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**Experiment Number:** 03038 - 04

## P04: NEOPLASMS BY INDIVIDUAL ANIMAL

**Date Report Requested:** 06/26/2019

**Test Type: CHRONIC**

## Sodium Tungstate Dihydrate

**Time Report Requested:** 10:11:56

**Route:** DOSED WATER

CAS Number: 10213-10-2

**First Dose M/F:** 01/17/12 / 01/16/12

**Species/Strain:** MICE/B6C3F1/N

Lab: BAT

| B6C3F1/N MICE FEMALE<br>2000 mg/L                           |  | DAY ON TEST |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | * TOTALS                             |                                      |                                      |                                      |
|---|--|-------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
|   |  |             | 0<br>7<br>3<br>0                     | 0<br>7<br>2<br>0                     | 0<br>7<br>2<br>9                     | 0<br>7<br>2<br>9                     | 0<br>7<br>2<br>9                     | 0<br>7<br>2<br>9                     | 0<br>6<br>4<br>7                     | 0<br>8<br>3<br>7                     | 0<br>3<br>0<br>0                     | 0<br>7<br>6<br>8                     | 0<br>7<br>6<br>8                     | 0<br>7<br>2<br>7                     | 0<br>7<br>2<br>9                     | 0<br>7<br>2<br>9                     | 0<br>7<br>2<br>9                     | 0<br>7<br>3<br>0                     | 0<br>7<br>3<br>0                     | 0<br>7<br>3<br>0                     | 0<br>7<br>3<br>0                     |                                      |                                      |                                      |                                      |                                      |
|   |  | ANIMAL ID   | 0<br>0<br>0<br>0<br>3<br>3<br>7<br>6 | 0<br>0<br>0<br>0<br>3<br>3<br>7<br>7 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>8 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>9 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>4 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>5 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>6 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>7 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>8 | 0<br>0<br>0<br>0<br>3<br>3<br>8<br>9 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>0 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>1 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>2 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>3 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>4 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>5 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>6 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>7 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>8 | 0<br>0<br>0<br>0<br>3<br>3<br>9<br>9 |
| Lymphoma Malignant  |  |             |                                      |                                      |                                      |                                      |                                      |                                      | X                                    |                                      |                                      |                                      |                                      |                                      |                                      | X                                    | X                                    |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 7                                    |                                      |
| Urinary Bladder<br>Lymphoma Malignant                       |  |             | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | 50                                   |                                      |                                      |
|   |  |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | X                                    |                                      |                                      |                                      |                                      |                                      |                                      | 2                                    |                                      |
| <b>SYSTEMIC LESIONS</b>                                     |  |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |
| Multiple Organ<br>Histiocytic Sarcoma<br>Lymphoma Malignant |  |             | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | +                                    | 50                                   |                                      |
|   |  |             |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | 1                                    |
|   |  |             | X                                    |                                      | X                                    |                                      | X                                    |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      |                                      | X                                    | X                                    |                                      |                                      |                                      |                                      |                                      |                                      | 9                                    |                                      |

\*\*\* END OF REPORT \*\*\*

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